

Energy Infrastructure and Impact Office

www.nd.gov/energyimpact



Lance D. Gaebe, Commissioner

October 1, 2016

Re: 2017 Critical Access Hospital Grant Round

On behalf of the North Dakota Board of University and School Lands (Land Board), the Energy Infrastructure and Impact Office is accepting applications from Critical Access Hospitals (CAH) for financial assistance with impacts of oil and gas development activities. Qualifying CAHs must be located in an oil producing county or in counties contiguous to an oil-producing county. The Legislature appropriated \$5 million of oil and gas impact grants for each fiscal year of the 2015-2017 biennium.

In consultation with the ND Department of Human Services the following criteria have been adopted for Hospitals to qualify for the grant program:

- Must have incurred an operating loss in the most recently completed fiscal year that meets the eligibility requirements for this grant program, excluding any grant amount received in the 2016 CAH Grant program.
- Uncompensated care provided by the facility must have exceeded 2.7% of Gross Patient Revenue.
 - Uncompensated care provided over the 2.7% threshold will be eligible for grant funds. However, the amount of the grant may not result in the CAH earning a positive operating margin.
 - Gross Patient Revenue is defined as Inpatient Hospital Revenue, Outpatient Hospital Revenue and Hospital Owned Clinic Revenue. It excludes revenue from Nursing Home, Assisted Living, Basic Care, Hospice, Home Health, etc.

Interested eligible CHAs should submit a grant application (attached) with the following required documentation:

- A copy of the fiscal year July 1, 2015 through June 30, 2016 audited financial statement and work papers.
- Related financial work papers from the facility's auditors that verify the gross patient revenue, uncompensated care and operating loss that may not otherwise be specifically and individually identifiable in the financial audit.

An advisory committee of critical access hospital officials will assist the Energy Impact Office in reviewing the applications and making recommendations to the Land Board, which approves the grants.

Deadline:

Completed grant applications and supporting documentation must be submitted to the Energy Infrastructure and Impact Office and postmarked by November 4, 2016. Applications submitted by e-mail to energyimpact@nd.gov will be accepted until 11:59 p.m. Central Time on November 4, 2016. Applications can also be faxed to 701-328-3650.

Award notifications are expected in December 2016. Award distributions will be provided in January 2017 to those successful in receiving an award.

Questions regarding the grant round can be directed to the Energy Infrastructure and Impact Office at 701-328-2800.

COMPLETING THE FORM ONLINE

(Form on next page)

Efficient navigation of this form requires the use of the F11 key to move you from box to box – do NOT use the tab key. If you need to go “backward” in the form or make corrections, mouse navigation works fine.

Start at the top of the document. Using the F11 key will provide you with “stops” at each place in the form that requires attention. Wherever it stops, you can start typing your response.

When you get to the tables where you are asked to only choose one – simply F11 through the boxes until you get to the one you need and type an “X”.

If your F11 key does not work, look for a button on the top row of your keyboard (near the right) that says “F Lock”, push that key and try again.

When you have completed the form, you can email it directly to energyimpact@nd.gov, or print and mail it or fax it to 701-328-3650, or save it to your computer for future use, whichever method best fits your situation.

Energy Infrastructure and Impact Office
1707 North 9th Street
PO Box 5523
Bismarck, ND 58506-5523
Email: energyimpact@nd.gov
Fax: 701-328-3650
Office: 701-328-2800

Deadline for submitting: November 4, 2016

ENERGY INFRASTRUCTURE AND IMPACT OFFICE GRANT APPLICATION

Please Remit to:

Energy Infrastructure and Impact Office
1707 North 9th Street
PO Box 5523
Bismarck, ND 58506-5523
Email: energyimpact@nd.gov
Fax: 701-328-3650
Office: 701-328-2800

Application Date: ()

Name of your Subdivision/Agency: ()

For Example: Your City Name, Your County Name, Your Fire District Name, Your School Name, or other Taxing District

Contact Person/Title: ()

Daytime Phone: ()

Address: ()

Cell Phone: ()

City, State, Zip: ()

E-mail: ()

If the information you entered here is different than the name and address we used on your most current correspondence **AND** if you want us to change our records to this information, please mark the next field with an "X" ()

PART A:

What basic governmental service or function best describes this project? ("X" only one)

()	Education	()	Law Enforcement	()	Recreation
()	Critical Access Hospitals	()	Public Works (water, sewer, etc)	()	Transportation
()	Nursing Homes, Basic Care	()	Human Trafficking	()	Fire/Rescue
()	Developmentally Disabled Providers	()	Local District Health	()	EMS
()	Sexual Assault Examiner Programs	()	Domestic Violence	()	Other

What best identifies the focus of your project (i.e. a request for emergency services may be for vehicle or for equipment). ("X" only one)

()	Administration	()	Parks & Rec Facilities	()	Supplies/Materials
()	Airport Improvement	()	Personnel	()	Training
()	Building Construction	()	Planning/Engineering	()	Vehicles
()	Building Renovation	()	Rd/St Construction	()	Water, Sewer, Infrastructure Construction
()	Equipment	()	Rd/St Maintenance	()	Water, Sewer, Infrastructure Maintenance
()	Other ()				

What is the title of your project. (please limit this to just a couple words – there is a space for a full project description in Part D of this form)

Project Description: ()

North Dakota Century Code Chapter 57-62 identifies that grants from the oil and gas impact grant fund are to be provided to oil and gas development-impacted cities, counties, school districts, and other taxing districts. An exemption has been provided for by the Legislature for Critical Access Hospitals.

Does your agency have the authority to levy a tax as provided for in North Dakota Century Code?

Yes ☐
No ☐

PART B:

Total anticipated cost of the project (Please use whole dollars)

\$ ()

Amount requested from the Energy Infrastructure and Impact Office

\$ ()

PART C: The following financial information must be provided to the department before a grant application can be acted upon. If applicable.

Most recent mill levy levied by your board	()
20__ taxable valuation (if a hospital district)	\$ ()
General obligation bonded indebtedness (if a hospital district)	\$ ()
Revenue bonding indebtedness (if a hospital district)	\$ ()
Other indebtedness	\$ ()

Supporting Documents to Include:

- ☐ A copy of the completed 2017 Critical Access Hospital Grant – Work Sheet (attached)
- ☐ A copy of the most recent year-end financial statements (audited if available), for the agency applying.
- ☐ A copy of the current budget.
- ☐ Documentation showing the breakdown of all mills levied by the political subdivision applying during the current fiscal year, as well as the taxable valuation used to determine the mills levied. (if a hospital district)
- ☐ Documentation, if available, showing the projected cost of the project for which you are requesting a grant.

PART D: Please explain below how your grant application project is directly necessitated by impacts from oil and gas development.

Part E: (Narrative description of project. When applying for a grant during the current grant round, please identify specific projects or problems that need funding. Please identify how your request qualifies for this grant round including requirements that may be defined specific to this grant round.)

We certify that the information contained in this application is true and correct to the best of our knowledge as recorded in the official minutes of our (Month, Day, Year) meeting, and we further certify that any funds received by (Name of Applicant) as the result of this application will be expended according to the laws of the State of North Dakota for the purpose stated in this application.

(Type your "signature" here)

Signature

(Title)

Title (Mayor, Chairman, President, etc.)

(Type your "signature" here)

Signature

(Title)

Title (Auditor, Clerk, Secretary, etc.)

2017 Critical Access Hospital Grant – Work Sheet

Line 1 Facility:

Line 2 Address:

Line 3 City/Zip Code

Line 4 Completed By

Line 5 Audit Firm

Line 6 Fiscal Year End

Gross Hospital Revenue

Line 7 Inpatient Revenue \$

Line 8 Outpatient Revenue \$

Line 9 Hospital Owned Clinic Revenue \$

Line 10 Total Gross Revenue = \$

Line 11 Uncompensated Care \$ %
(% = Line 11 / Line 10)

Line 12 Total Gross Revenue X 2.7% = \$

Line 13 Maximum Grant \$
(Line 11 – line 12)

Line 14 Operating Margin (loss) \$
excluding grant amount received in
2016 CAH Grant program

Line 15 Amount Eligible for Grant \$
(Lesser of Line 13 or 14)